

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551981

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		1		1		
4		2		2		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		2		2		
10		1		1		
11		1		1		
12		2		2		
13		2		2		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		2		2		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
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49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	31	←	35	←		←
TOTAL CLAIMS	33		37			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						